

# The State Flexibility to Stabilize the Market Cycle II Grant Program

## Final Report Template

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<b>Report Date</b>	
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<b>Organization Information</b>	
<b>State</b>	
<b>Project Title</b>	
<b>Grant Project Director (Name and Title)</b>	
<b>Phone/Email</b>	
<b>Grant Authorizing Representative</b>	
<b>Phone/Email</b>	

<b>Grant Information</b>	
<b>Date Grant Awarded</b>	
<b>Amount Granted</b>	
<b>Project Reporting Period (Example: Final Report 2/8/2021-2/7/2023)</b>	

### The purpose of the Final Grant Reports is to:

- Summarize the initiatives of the Patient Protection Affordable Care Act (PPACA) market reform provisions funded through the grant program.
- Provide States participating in the State Flexibility to Stabilize the Market Cycle II Grant Program with the opportunity to share information, highlight successes and reflect upon the progress of their programs

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**Grant Performance Period:** February 8, 2021 – February 7, 2023.

The provisions in Part A of title XXVII of the Public Health Service (PHS) Act include market-wide reforms in the group and individual private health insurance markets intended to protect consumers, increase transparency, and regulate health insurance industry practices.

One of the goals of the State Flexibility to Stabilize the Market Cycle II Grant is to provide States with the opportunity to ensure their laws, regulations, and procedures are in line with Federal law and that they are able to effectively enforce the pre-selected market reform provisions under Part A of title XXVII of the PHS Act.

States are required to submit a final progress report to CMS's State Flexibility to Stabilize the Market Cycle II Grant Program. The final progress report summarizes the significant advancements made towards the State's goal of planning and/or implementing the pre-selected market reforms provisions under Part A of Title XXVII of the PHS Act, over the course of the Grant Program.

Funding under the State Flexibility Cycle II Grant Program is available to States for activities related to planning and implementing the following provisions of Part A of title XXVII of the PHS Act:

Section 2702 – Guaranteed Availability of Coverage

Section 2703 – Guaranteed Renewability of Coverage

Section 2707 –Non-discrimination under Comprehensive Health Insurance Coverage (Essential Health Benefits Package)

The final report is due ninety days following the end of the State Flexibility to Stabilize the Market Cycle II Grant. For example, for awardees completing grant activity by February 7, 2023, the final report is due by May 7, 2023. All final reports must be submitted electronically through the Health Insurance Oversight System (HIOS).

The following reporting guidelines are intended as a framework and can be modified when agreed upon by CMS and the State. A complete final progress report must detail how grant funds are being utilized, describe program progress, barriers, and provide an update on the measurable objectives of the grant program.

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### **PART I: FINAL NARRATIVE REPORT FORMAT**

#### **Introduction:**

The Final Narrative Report represents the culmination of activities and accomplishments throughout the Grant Program. In the Final Narrative Report, please support your explanations of grant progress with quantitative data when available and other evidence to support the success of your State Flexibility to Stabilize the Market Cycle II Grant Program.

In order to provide metrics for CMS to monitor the progress of each activity, grantees are required to report quantitative measurements using the following **Progress Metrics Guide:**

<b><u>Level of Stages</u></b>	<b><u>Description of Stages</u></b>
<b>Stage 0</b>	No work has begun on stated goal.
<b>Stage 1</b>	Project Plan has been created and staff has been assigned to task. The work on achieving the goal has initially begun.
<b>Stage 2</b>	Goal of the Project Plan is underway, and any refinements or adjustments to original Project Plan were made.
<b>Stage 3</b>	Goal of the Project Plan is half way complete and continuously being worked on.
<b>Stage 4</b>	Deliverables are beginning to finalize and proposed goals are nearly completed.
<b>Stage 5</b>	100% of stated goal has been completely achieved.

**EXAMPLE:** Objective 1 was to hire additional staff to conduct formulary reviews: “We worked throughout the past 24 months to hire two clinicians to conduct formulary review. We achieved this objective when we were able to successfully hire two clinicians. Objective 1: Stage 5”.

**Please use this guide when answering the following questions. In addition, please use charts and graphs to highlight progress when appropriate.**

**Final Program Implementation Status:** Include a thorough discussion and update on progress towards the following:

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1. *Final Accomplishments*: Describe achieved implementation milestones and outcomes, include Progress Metrics towards each stated goal, objective and milestone outlined in the State Flexibility to Stabilize the Market Cycle II Grant Work Plan. Please also describe activities, if any that you plan to continue after the completion of the grant program.
2. *Challenges*: Provide a detailed description of any encountered challenges in implementing your program, the response and the outcome. Please include a list of any proposed grant activities that were not completed during the prior twelve months. Please include Progress Metrics for each activity not completed. Describe future plans to complete the originally proposed grant activities.
3. *Variations of Work Plan and Timeline*: List any required variations from the original State Flexibility to Stabilize the Market Cycle II Grant Work Plan and companion timeline. Provide explanation for variations and provide Progress Metrics measurements where necessary.

## **Public Access Activities**

Summarize activities and/or promising practices undertaken during the previous twenty-four months, working towards increased public access and awareness from the pre-selected PPACA market reforms activities for your State. To illustrate progress, please include Progress Metrics for each activity or practice.

## **Materials Produced**

Discuss all materials produced and/or developed during the Grant Program, including website upgrades, consumer materials, reports/studies, and any other relevant documents. Please provide detail where available. For example, if a new website related to the pre-selected PPACA market reforms was developed, please provide the link, date the website went live, number of visitors to the website (total or monthly). Additionally, please include Progress Metrics for each material produced or developed.

## **Final Impact of the State Flexibility to Stabilize the Market Cycle II Grant Program**

Summarize the overall impact that the State Flexibility to Stabilize the Market Cycle II Grant Program had on planning and/or implementing the pre-selected PPACA market reforms in your State over the past twenty-four months. Include data on how the grant program enhanced the public's understanding of the pre-selected PPACA market reforms. Provide evidence when available. Examples may include dollar amounts, statistics, personal stories, anecdotal evidence, media articles/mentions, etc.

## **Final Lessons Learned**

Provide additional information on lessons learned and any promising practices. For example, what approaches in your implementation strategy worked/are working and why? Which practices will you continue to employ after completion of the grant program?

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## **Final Budget Expenditures**

Please use the below chart to provide a detailed account of expenditures for each of the grant Activities/Projects the you originally outlined in the State Flexibility to Stabilize the Market Cycle II Grant Work Plan, in order to illustrate the funds spent on each Activity/Project during the entire grant period. The total amount in the *Amount Budgeted in Application* Column should add up to the total amount of grant dollars you were awarded for the State Flexibility to Stabilize the Market Cycle II Grant.

<b>Budget Category</b>	<b>Activity/Project</b>	<b>Amount Budgeted in Application</b>	<b>Total Amount Spent to Date</b>
<i>Personnel</i>	N/A	\$0	
<i>Fringe Benefits</i>	N/A	\$0	
<i>Travel</i>	N/A	\$0	
<i>Equipment</i>	N/A	\$0	
<i>Supplies</i>	N/A	\$0	
<i>Contractual</i>	Consultant Fee for study of Reinsurance Program and Geographic Tiering and Funding Options	\$22,000	\$5,000
	Consultant Fee for Network Design Study	\$30,000	\$10,000
	Consultant Fee for Study of Expansion of Catastrophic Plan Eligibility	\$20,000	\$5,000
<i>Construction</i>	N/A	\$0	
<i>Other</i>	Data and Hosting Costs (Obtaining claims data form APCD)	\$15,000	
<b>Total</b>		<b>\$87,000</b>	<b>\$20,000</b>

## **Final State Flexibility to Stabilize the Market Cycle II Grant Program Work Plan and Timeline with Progress Metrics**

Provide a final Work Plan and Timeline with updated Progress Metrics to reflect the events and progress over the course of the grant. Please continue to use the Progress Metrics guide, and assign a measurement to each objective outlined in the work plan.

## **Final Evaluation**

Please attach a copy of the final evaluation. If the State requires more time to complete the final evaluation of the grant program please provide an update on the progress toward a final evaluation and timeline for submission.

## **Final Report Summary Statistics:**

Please fill in the data below for all grant activity occurring during the State Flexibility to Stabilize the Market Cycle II Grant Program.

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<b>Final Statistics</b>	<b>FFY21 Quarter 2</b>	<b>FFY21 Quarter 3</b>	<b>FFY21 Quarter 4</b>	<b>FFY22 Quarter 1</b>	<b>FFY22 Quarter 2</b>	<b>FFY22 Quarter 3</b>	<b>FFY22 Quarter 4</b>	<b>FFY23 Quarter 1</b>	<b>FFY23 Quarter 2</b>	<b>Total</b>
Funds Expended										
Number of Staff Hired with Grant Funds										
Number of Contracts in place with Grant Funds										
Number of PPACA Market Reforms Provision Funded by Grant. List Provisions										

**PRA Disclosure Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1366. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer.